

**MARIN COUNTY DIVISION OF ALCOHOL, DRUG AND TOBACCO PROGRAMS  
PROGRAMMATIC AND ADMINISTRATIVE POLICIES, PROCEDURES, STANDARDS AND PRACTICES**

**Introduction**

The policies, procedures, standards and practices are a compilation of: 1) New policies and practices recommended during the Division's Strategic Planning Process; 2) Existing policies and procedures implemented by the Division of Alcohol, Drug and Tobacco Programs over the past decade; and 3) Existing state and national regulations, standards and practices, such as the California Department of Alcohol and Drug Programs' Certification Standards and the National Quality Forum's *National Voluntary Consensus Standards for the Treatment of Substance Use Conditions*.

**Programmatic Policies, Procedures, Standards and Practices**

In order to effectively prevent, intervene, treat and support recovery from alcohol, tobacco and other drug problems, services need to be planned and delivered using evidence-based approaches, as well as need to be evaluated for effectiveness in achieving the intended outcomes. As such, the Division of Alcohol, Drug and Tobacco Programs is adopting and implementing the following policies, procedures, standards and practices for all **contracted services** effective FY 2010/11.

The Division of Alcohol, Drug and Tobacco Programs is requiring agencies that provide Division-funded prevention, intervention, treatment and recovery services for alcohol, tobacco and other drug issues to comply with all applicable standards, laws and requirements, including, but not limited to the following:

**Federal and State Requirements**

- **Prevention** providers shall comply with the Substance Abuse Prevention and Treatment Block Grant Requirements, including Strategic Prevention Framework Requirements and CalOMS Prevention reporting requirements; Safe and Drug Free Schools and Communities Requirements, including the Prevention Principles of Effectiveness, as applicable; and the California Department of Health Services Tobacco Control Program Requirements.
- **Treatment** providers shall be certified, and licensed as appropriate, by the California Department of Alcohol and Drug Programs and shall comply with all applicable standards, laws and requirements, such as the Substance Abuse Prevention and Treatment Block Grant Requirements, including CalOMS Treatment reporting requirements; California Department of Alcohol and Drug Programs Licensing and Certification Standards, including Drug/Medi-Cal Certification Standards; California Department of Alcohol and Drug Programs Youth Treatment, Parolee Services and Perinatal Network Services Guidelines, as applicable; confidentiality, privacy and security requirements outlined in 42 CFR and the Health Insurance Portability and Accountability Act; and Counselor Certification requirements as follows:
  - At least thirty percent (30%) of staff providing alcohol and other drug (AOD) counseling services in all Programs Licensed and/or Certified by the California Department of Alcohol and Drug Programs shall be licensed or certified. All non-licensed and non-certified individuals providing AOD program licensed and/or certified by the California Department of Alcohol and Drug Programs shall be registered to obtain certification as an AOD counselor with one of the certifying organizations currently approved by California Department of Alcohol and Drug Programs. Registrants shall complete certification within five (5) years of the date of registration.

- Program staff, who provide counseling services (as defined in Section 13005), shall comply with the code of conduct, pursuant to Section 13060, developed by the organization by which they were certified or registered.

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### **Division Requirements**

- **Prevention** providers shall comply with CDC's *Best Practices for Comprehensive Tobacco Control Programs—2007*, which is an evidence-based guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use; and *Principles of Effectiveness*, which include programs being based on an assessment of objective data, established performance measures, evidence-based strategies and an analysis of the data, as well as include meaningful and ongoing community and/or family input and undergo periodic evaluation.
- **Intervention** providers shall comply with SAMHSA's TIP 34: *Brief Interventions and Brief Therapies for Substance Abuse Treatment, Treatment Improvement Protocol (TIP) for SBIRT services*; and relevant standards in *National Quality Forum Standards for the Treatment of Substance Use Disorders*.
- **Treatment** providers shall comply with the California Department of Alcohol and Drug Programs *Core Treatment Standards for Substance Use Disorders Services*; *National Quality Forum Standards for the Treatment of Substance Use Disorders*; National Institute on Drug Abuse's *Principles of Drug Abuse Treatment for Criminal Justice Populations*; and Public Health Service-sponsored Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*.
- **Recovery** providers shall comply with the Substance Abuse and Mental Health Services Administration's (SAMHSA) *Recovery Community Services Program Concepts*; California Department of Alcohol and Drug Programs *Core Treatment Standards for Substance Use Disorders Services*; *National Quality Forum Standards for the Treatment of Substance Use Disorders*.

**Additional policies, procedures, standards and practices for contracted agencies/individuals** providing prevention, intervention, treatment or recovery services are as follows.

### **Program Administration – All Providers (Unless Otherwise Indicated)**

#### **Agency Requirements**

- Agencies shall strive to be tobacco-free and shall offer cessation services and support on site or by referral. Agencies will include steps they are taking toward becoming tobacco-free in their annual work scopes. Smoking or the use of other tobacco products is prohibited within agency facilities, parking lots and grounds except in a designated smoking area. No designated smoking area can be within 25 feet of building entrances, exits and operable windows. Agency employees will not smoke with or in view of clients, children or visitors. All agency staff -- management, counselors, administrative and support personnel -- are required to attend an annual one hour tobacco training that will be provided by ADTP.
- In order to reduce problems associated with the use of alcohol at events, impact social norms around alcohol, and promote environments that support individuals in recovery:
  - Agencies shall not serve alcohol at events where individuals under 21 years of age are present.
  - Agencies choosing to serve alcohol at adult-oriented events shall implement Responsible Beverage Sales and Services practices, such as participating in server training, posting signage about not serving underage or intoxicated persons, and ensuring the availability of food and non-alcoholic beverages.

- Agencies choosing to serve alcohol at adult-oriented events shall not use alcohol-industry imagery in advertising or promotional materials.
- County funds may not be used to purchase alcohol.

### ***Fiscal Practices***

- Agencies are encouraged to access and leverage alternate public and private funding streams to maximize the availability of services, such as Drug/Medi-Cal, private insurance, grants, donations, etc.
- The Division of Alcohol, Drug and Tobacco Programs will reimburse for services at standardized unit rates, which will be updated and published annually.
- Agencies/individuals providing treatment services for substance use disorders shall utilize a standardized methodology for assessing client fees.

### ***Evidence-Based Approaches***

- Agencies providing prevention, early intervention, treatment and recovery services shall utilize evidence-based, culturally relevant strategies and assess fidelity with the program design at least annually. Providers are also required to submit a Program Design document as a supplement to the Exhibit A-Scope of Work, which shall reflect evidence-based approaches and incorporate the standards noted in this document. Variances to the program design require resubmission of the Program Design document and approval by County staff. Non-compliance may result in non-payment for services rendered.

### ***Continuous Quality Improvement***

- Agencies providing treatment services for substance use disorders shall conduct at least one NIATx Change Project per contract year.
- Agencies/individuals providing treatment services for substance use disorders shall conduct quality assurance activities, which at a minimum shall include reviews of charts and Marin WITS entries for Division-funded clients at least quarterly.
- Agencies/individuals shall engage in regular evaluation activities, including coordinating with the Independent Evaluator and relevant contract management staff, to assess progress in achieving the desired outcomes and identify the need for course corrections if necessary.

## **Program Design and Service Delivery – Treatment Providers (Unless Otherwise Indicated)**

### ***Program Certification/Qualification***

- Agencies shall be certified or in the application for certification process to provide Drug/Medi-Cal services, as applicable, including Minor Consent services for agencies serving adolescents.
- Agencies shall be competent to provide services for clients with co-occurring disorders, as evidenced by the Dual Diagnosis Capability in Addiction Treatment (DDCAT) or COMPASS-EZ Assessment score.

### ***Assessment***

- Prospective treatment service clients, as well as current treatment service clients being recommended for another level of services, shall be coordinated through Centralized Assessment/Care Management.<sup>1</sup>

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<sup>1</sup>The purpose of **Centralized Assessment** is to ensure: 1) a central point of entry into the service delivery system; 2) clients seeking to access the service delivery system receive a comprehensive assessment of alcohol, tobacco and other drug issues, mental health, and primary care issues from qualified staff; 3) clients are referred to the most appropriate level of service; 4) clients that may be waitlisted for services are linked with another resource in order to increase engagement and retention rates; and 5) clients receive a full financial assessment to determine if they are eligible for services under alternate funding streams, thereby maximizing the publicly-funded treatment capacity. The purpose of **Care Management** is to ensure: 1) clients are tracked throughout the continuum to increase the likelihood of retention in treatment and long-term success, reduce the incidence of clients “recycling” through the service delivery system and collect information on client and system-

- A financial assessment shall be performed and client fees shall be assessed using a standardized methodology.

#### ***Client Admission and Intake***

- Marin County public funds are to be prioritized for Marin residents only.
- Agencies providing screening, assessment, early intervention and treatment services for substance use disorders shall include screens for co-occurring disorders, primary health care needs, and tobacco use in the screening/intake process.
- At the point of entry into the service delivery system, clients shall be asked to sign a consent to release information to relevant service partners.

#### ***Program Design and Delivery***

- Clients receiving Narcotic Replacement Therapies shall be accepted in Division-funded services, including residential treatment.
- The medication protocols for clients receiving physician-prescribed medications for mental health or physical health conditions shall be under the direction of the contracted agency's Medical Director.
- Clients with co-occurring substance use and mental health disorders shall be treated by individuals, teams or programs with expertise in co-occurring disorders as evidenced by accreditation and/or licensure levels, DDCAT scores, etc. Further, each disorder shall be considered as primary and integrated treatment shall be provided.

#### ***Drug Screening***

- Agencies providing treatment services for substance use disorders shall incorporate observed urinalysis testing into service delivery practices.

#### ***Referral Arrangements and Ancillary Services***

- Agencies shall assist clients in accessing alternate resources such as CMSP, General Assistance, CalWORKS, Drug/Medi-Cal, etc.
- Agencies shall actively link clients with appropriate recovery support services, as well as with ancillary resources such as housing assistance, vocational training, and primary healthcare. After following up to ensure that the linkage was completed, agencies shall communicate with Centralized Assessment/Care Management to document the referral.

#### ***Discharge Summary and Continuing Supports Plan***

- All clients being discharged from a level of service shall be coordinated through Centralized Assessment/Care Management for placement in another level of service. The discharge summary shall include a placement recommendation, as well as documentation of the ancillary and/or recovery support service linkages made for each client.
- Agencies/individuals providing intervention, treatment or detoxification services shall ensure that the client is linked with another level of service and/or supportive resources prior to discharge from any level of service. Prior to discharge, it is the responsibility of the agency/individual to ensure that clients have been linked with appropriate ancillary and recovery support services prior to discharge so that they have a housing plan in place, have linkages to childcare, vocational services, and primary health services, and possess recovery management and life skills.

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level outcomes; 2) clients are actively linked with ancillary and recovery support services; 3) clients have the ongoing opportunity to re-engage with the service delivery system if needed and enhance long-term client outcomes by following up at set intervals (3 months, 6 months, 12 months); and 4) service systems are sharing pertinent information in order to most effectively serve the client and reduce duplications of service.

Documentation of the linkage(s) shall be communicated to Centralized Assessment/Care Management.

- All clients receiving treatment for substance use disorders shall receive post treatment monitoring and support. Support and monitoring can occur through periodic telephone contacts, participation in recovery support groups or other appropriate activities. Agencies shall be responsible for following-up with the client thirty (30) days after discharge and the communication shall be documented and submitted to Centralized Assessment/Care Management. The Care Management Coordinator shall also follow-up with clients at 3 months, 6 months and 1 year post discharge from a level of service to assess client progress and provide linkages to recovery support services as needed.

## Administrative Policies, Procedures, Standards and Practices

### Reporting and Evaluation

Specific reporting requirements, templates and submission instructions will be distributed to agencies/individuals annually. Failure to comply with the reporting requirements may result in non-payment of services. An overview of key reporting requirements is as follows:

- **All Providers:** Completion of a mid-year Self Audit and Site Visit; submission of an annual cost report; and submission of an annual report. In addition, all Division-funded providers will be expected to coordinate with the Independent Evaluator and staff responsible for managing the contract to establish process and outcome measures, establish/adapt data collection systems, collect and report data on selected measures, assess fidelity to the program models/strategies, make course corrections if necessary, and any other evaluation activities deemed necessary to evaluate the impact and effectiveness of the services being delivered.
- **Prevention Providers:** Submission of quarterly progress reports; submission of CalOMS Prevention (AOD prevention only) data within 10 days of the event for the service codes included in the contract with the County.
- **Treatment Providers:** Monthly submission of DATAR and Provider Summary Report to the State Department of Alcohol and Drug Programs (by the 10<sup>th</sup> of the month); uploading of Marin WITS data within 10 days of the event and no later than the 10<sup>th</sup> of the month following admission/discharge; uploading Marin WITS intake and assessments, and transfers within 10 days of the event; submission of certification that errors in Marin WITS have been corrected; submission of monthly BASN report (BASN providers only); submission of monthly client progress reports (PC 1210 providers only); entering and releasing to the County Drug/Medi-Cal data on a monthly basis (Drug/Medi-Cal providers only)

### Invoicing

Specific invoicing requirements, templates and submission instructions will be distributed to agencies/individuals annually. Failure to comply with the invoicing requirements may result in non-payment of services. An overview of key requirements is as follows:

- **All Providers:** The Division of Alcohol, Tobacco and Other Programs reimburses agencies/individuals in arrears for services provided the preceding month. Services shall align with the service code and unit descriptions provided by the Division annually. Reimbursement is provided for actual units of service performed (not 1/12 of the contract total) in a manner consistent the Division, State and Federal regulations, policies, standards and practices. Invoices shall be submitted on the Division-provided template and be received by the County no later than the 10<sup>th</sup> of each month. Late submissions will be processed the following month.
- **Prevention Providers:** The Duration of Service Report by Providers, which can be downloaded from the Report Section of CalOMS Prevention, shall be submitted with each monthly invoice. The number of units reported on the invoice and in CalOMS Prevention need to be within 10% of one another.
- **Intervention Providers:** Activity reports (template provided) shall be submitted with each monthly invoice and services delivered and reported shall comply with the unit rates and definitions provided by the County.

- **Treatment Providers (including PC 1210 and Adult Drug Court):** Client activity reports (template provided) shall be submitted with each monthly invoice and services delivered and reported shall comply with the unit rates and definitions provided by the County. All clients listed on the invoice must be in Marin WITS and the admission dates on the invoice must match the client admission dates in Marin WITS. All clients listed on the invoice must also be for County-funded services and the funding stream noted in Marin WITS must reflect the actual payer source for services provided.

Marin WITS serves as the presiding source of data used to confirm expenditures submitted on the monthly invoice and determine reimbursement for treatment services. Information submitted on the monthly invoice that cannot be substantiated in Marin WITS at the time of invoice submission will be disallowed. As such, ensure that all information is accurate in Marin WITS, including the source of funding.

If agencies would like to correct and resubmit any of the disallowed claims, the following procedures shall be utilized:

- Division staff will notify agencies of the disallowances within a week of receipt of the invoice.
  - Agencies will correct the identified error(s) and resubmit the claim(s) on the following month's invoice, which must be received by the Division by the 10<sup>th</sup> of the month. There will be a designated area on the invoice form (provided by the County) to indicate resubmissions for prior month disallowances.
  - If the resubmitted claims are correct and received on time by the County, then the Division will process and pay the claim(s).
  - If the Division does not receive corrections for any disallowed claims or if the claims are still not corrected or cannot be substantiated in Marin WITS, then payment on the disallowed claim(s) will not be made.
- **Drug/Medi-Cal:** Submissions with any special circumstances, resubmissions and late submissions must all be submitted to the clearinghouse (County) at least 2 weeks prior to the state deadline. Additionally, providers shall not bill D/MC services under any NPI number other than the substance abuse professional who delivered the services. This includes billing for services provided by an intern under the supervisory clinician's NPI number.

Only Drug/Medi-Cal submissions approved by the State will be paid. Providers can review declined submissions and resubmit as appropriate after resolving why the submission was declined. Resubmissions will only be reviewed if performed in the timeframe set forth by the California Department of Alcohol and Drug Programs.

### **Compliance with Laws, Regulations, Policies and Standards**

Providers are required to comply with all applicable local, state and federal laws and regulations, as well as comply with Division policies and standards. Providers will be expected to sign and adhere to all requirements in the County Short Form Contract, as well as to provide appropriate documentation including, but not limited to, the following:

- **All Providers:** Current insurance (general liability for at least \$1,000,000, workers compensation, automobile, professional liability); Certification of Smoking Prohibitions; Certification of Non-Acceptance of Tobacco Funds; Acknowledgement of the Contract Compliance Policy; Assurance of No Unlawful Use of Drugs or Alcohol; Living Wage Ordinance Declaration

- **Prevention Providers:** Certification of Compliance with the Strategic Prevention Framework; Certification of Compliance with Safe and Drug Free Schools Requirements (if applicable)
- **Treatment Providers:** Copies of current certifications/licenses from the California Department of Alcohol and Drug Programs
- **Drug/Medi-Cal Providers:** Certification that all clinicians providing Drug/Medi-Cal services will meet the Drug/Medi-Cal Substance Abuse professional guidelines and will possess an NPI number; Certification of compliance with the standards and requirements outlined by Title 22, The Drug/Medi-Cal provider billing manual, Drug/Medi-Cal certification standards, and the Drug/Medi-Cal training manual.

### **Monitoring Adherence to Policies, Procedures, Standards and Practices**

Adherence will be monitored through a variety of methods including, but not limited to: reviews of monthly, quarterly and annual progress and evaluation reports; analysis of Marin WITS and CalOMS Prevention content and compliance; reviews of invoicing; self-audits; site visits; reviews of client charts; reviews of personnel files; client focus groups and/or surveys; and reviews of agency policies and procedures.

Non-compliance with the policies, procedures, standards and practices may result in non-payment for affected services and/or contract termination. To prevent these measures of last resort, the Division of Alcohol, Drug and Tobacco Programs is available to provide and/or coordinate technical assistance and training to ensure successful and timely implementation of the aforementioned policies, procedures, standards and practices. These policies and practices are in place to ensure that clients and the community receive the highest level of service available.